

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **METHOD OF SECURING TISSUE**, the specification of which

(check one) is attached hereto.

was filed on _____ as Application Serial No. _____
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

| | | | |
|-----------------------------------|-----------|------------------------|--|
| <input type="checkbox"/> (Number) | (Country) | (Day/Month/Year Filed) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> (number) | (Country) | (Day/Month/Year Filed) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

| | | |
|---|---------------|---------------------------------------|
| <input type="checkbox"/> (Application Serial No.) | (Filing Date) | (Status—patented, pending, abandoned) |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> (Application Serial No.) | (Filing Date) | (Status—patented, pending, abandoned) |
| <input type="checkbox"/> | | |

Power of Attorney: As a named inventor, I hereby appoint the following attorneys: Thomas L. Tarolli, Reg. No. 20,177; Robert B. Sundheim, Reg. No. 20,127; Calvin G. Covell, Reg. No. 24,042; Barry L. Tummino, Reg. No. 29,709; Paul B. Szabo, Reg. No. 30,429; James L. Tarolli, Reg. No. 36,029; Ronald M. Kachmarik, Reg. No. 34, 349; Richard S. Wesorick, Reg. No. 40,871; each with full powers of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO: TAROLLI, SUNDHEIM, COVELL, TUMMINO & SZABO L.L.P.
1111 LEADER BUILDING, CLEVELAND, OH 44114-1400

DIRECT TELEPHONE CALLS TO: CALVIN G. COVELL, (216) 621-2234.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1) Full name of sole or first inventor PETER M. BONUTTI

Inventor's signature Bon Date Aug. 16, 1999

City EFFINGHAM County EFFINGHAM State ILLINOIS Citizenship U.S.A.

Post Office Address 1303 WEST EVERGREEN PLAZA, EFFINGHAM, IL 62401

2) Full name of second joint inventor, if any _____

Inventor's signature _____ Date _____

City _____ County _____ State _____ Citizenship _____

Post Office Address _____

Practitioner's Docket No. BON-4250

PATENT

Applicant PETER M. BONUTTI Patentee _____
 Application No. Patent No. _____
 Filed on Issued on _____

Title: **METHOD OF SECURING TISSUE**

**STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(b))—INDEPENDENT INVENTOR**

As a below named inventor, I hereby state that I qualify as an independent Inventor, as defined in 37 CFR 1.9(c), for purposes of paying reduced fees to the United States Patent and Trademark Office under Sections 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office, with regard to the invention described in

- the specification filed herewith, with title as listed above.
- the application identified above.
- the patent identified above.

I have not assigned, granted, conveyed or licensed, and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who would not qualify as an independent Inventor under 37 CFR 1.9(c), if that person had made the invention, or to any concern that would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- No such person, concern, or organization exists.
- Each such person, concern or organization is listed below.*

NOTE: Separate statements are required from each named person, concern or organization having rights to the invention as to their status as small entities. (37 CFR 1.27)

FULL NAME _____

ADDRESS _____

INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANIZATION

FULL NAME _____

ADDRESS _____

INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANIZATION

FULL NAME _____

ADDRESS _____

INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANIZATION

40007360-102901

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

(check the following item, if desired)

NOTE: *The following verification statement need not be made in accordance with the rules published on Oct. 10, 1997, 62 Fed. Reg. 52131, effective Dec. 1, 1997.*

NOTE: *"The presentation to the Office (whether by signing, filing, submitting, or later advocating) of any paper by a party, whether a practitioner or non-practitioner, constitutes a certification under §10.18(b) of this chapter. Violations of §10.18(b)(2) of this chapter by a party, whether a practitioner or non-practitioner, may result in the imposition of sanctions under §10.18(c) of this chapter. Any practitioner violating §10.18(b) may also be subject to disciplinary action. See §§ 10.18(d) and 10.23(c)(15)." 37 C.F.R. § 1.4(d)(2).*

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

PETER M. BONUTTI

Name of Inventor



Date

11/19/99

Signature of Inventor

Name of Inventor

Date

Signature of Inventor

Name of Inventor

Date

Signature of Inventor